

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

#217

(4)

PLAINTIFF
UNITED STATES OF AMERICA

COURT CASE NUMBER

2:06CV116-MEF

DEFENDANT

Five Hundred Forty-Three Thousand One Hundred Ninety Dollars (\$543,190.00) in U.S. C

TYPE OF PROCESS

COMPLAINT/NOTICE/WARRANT

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ESTHER A. SANDOVAL

ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)

1022 WEST HIGHLAND APT 8; SANTA ANA CA 92703

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

UNITED STATES ATTORNEY OFFICE
JOHN T. HARMON, AUSA
P. O. BOX 197
MONTGOMERY AL 36101-0197

Number of process to be served with this Form 285

3

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

*CATS 05-DEA-456576

*OTHER LISTED ADDRESSES: 1136 WEST MCFADDEN AVE; SANTA ANA CA 92707 & 2308 NORTH BRISTOL STREET; SANATA ANA, CA 92706

*714-741-0644

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(334) 222-7280

DATE

02/06/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. 2

District to Serve

No. 12

Signature of Authorized USMS Deputy or Clerk

Date

3/15/06
3/6/06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

AUG 23 2006

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

8.00

REMARKS:

3/9/06 FWD to CICA for service
3/31 1022 W Highland - RES. Mrs Basillio has been at add for 4 months. Does not know A
1136 W McFadden - no Ans @ Door / 2308 Bristol - Sanchez Family Neg D

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00

4/5/ -
1136 W McFadden - Res Maria Lopez does not know A